

110TH CONGRESS
1ST SESSION

H. R. 1653

To provide for the reduction of adolescent pregnancy, HIV rates, and other sexually transmitted diseases, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 2007

Ms. LEE (for herself, Mr. SHAYS, Ms. SCHAKOWSKY, Ms. LINDA T. SÁNCHEZ of California, Ms. BERKLEY, Mr. McDERMOTT, Mr. ALLEN, Mr. ISRAEL, Mr. WU, Mr. AL GREEN of Texas, Mr. DAVIS of Alabama, Mr. FATTAH, Mr. EMANUEL, Mr. BERMAN, Mr. FARR, Mr. GRIJALVA, Ms. WOOLSEY, and Ms. WATSON) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for the reduction of adolescent pregnancy, HIV rates, and other sexually transmitted diseases, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Responsible Education
5 About Life Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) The American Medical Association
2 ("AMA"), the American Nurses Association
3 ("ANA"), the American Academy of Pediatrics
4 ("AAP"), the American College of Obstetricians and
5 Gynecologists ("ACOG"), the American Public
6 Health Association ("APHA"), and the Society of
7 Adolescent Medicine ("SAM") support responsible
8 sexuality education that includes information about
9 both abstinence and contraception.

10 (2) Recent scientific reports by the Institute of
11 Medicine, the American Medical Association, and the
12 Office on National AIDS Policy stress the need for
13 sexuality education that includes messages about ab-
14 stinence and provides young people with information
15 about contraception for the prevention of teen preg-
16 nancy, HIV/AIDS and other sexually transmitted
17 diseases ("STDs").

18 (3) Government-funded abstinence-only-until-
19 marriage programs are precluded from discussing
20 contraception except to talk about failure rates. An
21 October 2006 report from the Government Account-
22 ability Office concluded that the current administra-
23 tion of abstinence-only-until-marriage programs by
24 the Department of Health and Human Services
25 ("HHS") fails to require medical accuracy of the

1 vast majority of funded programs and that no reg-
2 ular monitoring of medical accuracy is being carried
3 out by HHS. The Government Accountability Office
4 also reported on the Department's total lack of ap-
5 propriate and customary measurements to determine
6 if funded programs are effective. In addition, a sepa-
7 rate letter from the Government Accountability Of-
8 fice in October 2006 to the Secretary of Health and
9 Human Services Michael Leavitt contained a legal
10 finding that the Department was in violation of Fed-
11 eral law, in particular section 317P(c)(2) of the
12 Public Health Services Act (42 U.S.C. 247b-
13 17(c)(2)), for not requiring abstinence-only-until-
14 marriage programs to provide full and medically ac-
15 curate information about the effectiveness of
16 condoms. The Department has argued that the ab-
17 stinence-only-until-marriage programs are exempt
18 from the law; however, the Government Account-
19 ability Office disagrees.

20 (4) A 2006 statement from the American Pub-
21 lic Health Association ("APHA") "recognizes the
22 importance of abstinence education, but only as part
23 of a comprehensive sexuality education program . .
24 . APHA calls for repealing current federal funding
25 for abstinence-only programs and replacing it with

1 funding for a new Federal program to promote com-
2 prehensive sexuality education, combining informa-
3 tion about abstinence with age-appropriate sexuality
4 education.”.

5 (5) The Society for Adolescent Medicine
6 (“SAM”) in a 2006 position paper found the fol-
7 lowing: “Efforts to promote abstinence should be
8 provided within health education programs that pro-
9 vide adolescents with complete and accurate infor-
10 mation about sexual health, including information
11 about concepts of healthy sexuality, sexual orienta-
12 tion and tolerance, personal responsibility, risks of
13 HIV and other STIs and unwanted pregnancy, ac-
14 cess to reproductive health care, and benefits and
15 risks of condoms and other contraceptive methods...
16 Current funding for abstinence-only programs
17 should be replaced with funding for programs that
18 offer comprehensive, medically accurate sexuality
19 education”.

20 (6) Research shows that teenagers who receive
21 sexuality education that includes discussion of con-
22 traception are more likely than those who receive ab-
23 stinence-only messages to delay sexual activity and
24 to use contraceptives when they do become sexually
25 active.

1 (7) Comprehensive sexuality education pro-
2 grams respect the diversity of values and beliefs rep-
3 resented in the community and will complement and
4 augment the sexuality education children receive
5 from their families.

6 (8) The median age of puberty is 13 years and
7 the average age of marriage is over 26 years old.
8 American teens need access to full, complete, and
9 medically and factually accurate information regard-
10 ing sexuality, including contraception, STD/HIV
11 prevention, and abstinence.

12 (9) Although teen pregnancy rates are decreas-
13 ing, the United States has the highest teen preg-
14 nancy rate in the industrialized world with between
15 750,000 and 850,000 teen pregnancies each year.
16 Between 75 and 90 percent of teen pregnancies
17 among 15- to 19-year olds are unintended.

18 (10) A November 2006 study of declining preg-
19 nancy rates among teens concluded that the reduc-
20 tion in teen pregnancy between 1995 and 2002 is
21 primarily the result of increased use of contracep-
22 tives. As such, it is critically important that teens
23 receive accurate, unbiased information about contra-
24 ception.

1 (11) More than eight out of ten Americans be-
2 lieve that young people should have information
3 about abstinence and protecting themselves from un-
4 planned pregnancies and sexually transmitted dis-
5 eases.

6 (12) The United States has the highest rate of
7 infection with sexually transmitted diseases of any
8 industrialized country. In 2005, there were approxi-
9 mately 19,000,000 new cases of sexually transmitted
10 diseases, almost half of them occurring in young
11 people ages 15 to 24. According to the Centers for
12 Disease Control and Prevention, these sexually
13 transmitted diseases impose a tremendous economic
14 burden with direct medical costs as high as
15 \$14,100,000,000 per year.

16 (13) Each year, teens in the United States con-
17 tract an estimated 9.1 million sexually transmitted
18 infections. Each year, one in four sexually active
19 teens contracts a sexually transmitted disease.

20 (14) Nearly half of the 40,000 annual new
21 cases of HIV infections in the United States occur
22 in youth ages 13 through 24. Approximately 50
23 young people a day, an average of two young people
24 every hour of every day, are infected with HIV in
25 the United States.

1 (15) African-American and Latino youth have
2 been disproportionately affected by the HIV/AIDS
3 epidemic. Although African-American adolescents
4 ages 13 through 19 represent only 15 percent of the
5 adolescent population in the United States, they ac-
6 counted for 73 percent of new AIDS cases reported
7 among teens in 2004. Although Latinos ages 20
8 through 24 represent only 18 percent of the young
9 adults in the United States, they accounted for 23
10 percent of the new AIDS cases in 2004.

11 **SEC. 3. ASSISTANCE TO REDUCE TEEN PREGNANCY, HIV/**
12 **AIDS, AND OTHER SEXUALLY TRANSMITTED**
13 **DISEASES AND TO SUPPORT HEALTHY ADO-**
14 **LESCENT DEVELOPMENT.**

15 (a) IN GENERAL.—Each eligible State shall be enti-
16 tled to receive from the Secretary of Health and Human
17 Services, for each of the fiscal years 2008 through 2012,
18 a grant to conduct programs of family life education, in-
19 cluding education on both abstinence and contraception
20 for the prevention of teenage pregnancy and sexually
21 transmitted diseases, including HIV/AIDS.

22 (b) REQUIREMENTS FOR FAMILY LIFE PROGRAMS.—
23 For purposes of this Act, a program of family life edu-
24 cation is a program that—

25 (1) is age-appropriate and medically accurate;

1 (2) does not teach or promote religion;

2 (3) teaches that abstinence is the only sure way
3 to avoid pregnancy or sexually transmitted diseases;

4 (4) stresses the value of abstinence while not ig-
5 noring those young people who have had or are hav-
6 ing sexual intercourse;

7 (5) provides information about the health bene-
8 fits and side effects of all contraceptives and barrier
9 methods as a means to prevent pregnancy;

10 (6) provides information about the health bene-
11 fits and side effects of all contraceptives and barrier
12 methods as a means to reduce the risk of con-
13 tracting sexually transmitted diseases, including
14 HIV/AIDS;

15 (7) encourages family communication about
16 sexuality between parent and child;

17 (8) teaches young people the skills to make re-
18 sponsible decisions about sexuality, including how to
19 avoid unwanted verbal, physical, and sexual ad-
20 vances and how not to make unwanted verbal, phys-
21 ical, and sexual advances; and

22 (9) teaches young people how alcohol and drug
23 use can effect responsible decisionmaking.

24 (c) ADDITIONAL ACTIVITIES.—In carrying out a pro-
25 gram of family life education, a State may expend a grant

1 under subsection (a) to carry out educational and motiva-
2 tional activities that help young people—

3 (1) gain knowledge about the physical, emo-
4 tional, biological, and hormonal changes of adoles-
5 cence and subsequent stages of human maturation;

6 (2) develop the knowledge and skills necessary
7 to ensure and protect their sexual and reproductive
8 health from unintended pregnancy and sexually
9 transmitted disease, including HIV/AIDS through-
10 out their lifespan;

11 (3) gain knowledge about the specific involve-
12 ment of and male responsibility in sexual decision-
13 making;

14 (4) develop healthy attitudes and values about
15 adolescent growth and development, body image,
16 gender roles, racial and ethnic diversity, sexual ori-
17 entation, and other subjects;

18 (5) develop and practice healthy life skills in-
19 cluding goal-setting, decisionmaking, negotiation,
20 communication, and stress management;

21 (6) promote self-esteem and positive inter-
22 personal skills focusing on relationship dynamics, in-
23 cluding, but not limited to, friendships, dating, ro-
24 mantic involvement, marriage and family inter-
25 actions; and

1 (7) prepare for the adult world by focusing on
2 educational and career success, including developing
3 skills for employment preparation, job seeking, inde-
4 pendent living, financial self-sufficiency, and work-
5 place productivity.

6 **SEC. 4. SENSE OF CONGRESS.**

7 It is the sense of Congress that while States are not
8 required to provide matching funds, they are encouraged
9 to do so.

10 **SEC. 5. EVALUATION OF PROGRAMS.**

11 (a) IN GENERAL.—For the purpose of evaluating the
12 effectiveness of programs of family life education carried
13 out with a grant under section 3, evaluations of such pro-
14 gram shall be carried out in accordance with subsections
15 (b) and (c).

16 (b) NATIONAL EVALUATION.—

17 (1) IN GENERAL.—The Secretary shall provide
18 for a national evaluation of a representative sample
19 of programs of family life education carried out with
20 grants under section 3. A condition for the receipt
21 of such a grant is that the State involved agree to
22 cooperate with the evaluation. The purposes of the
23 national evaluation shall be the determination of—

1 (A) the effectiveness of such programs in
2 helping to delay the initiation of sexual inter-
3 course and other high-risk behaviors;

4 (B) the effectiveness of such programs in
5 preventing adolescent pregnancy;

6 (C) the effectiveness of such programs in
7 preventing sexually transmitted disease, includ-
8 ing HIV/AIDS;

9 (D) the effectiveness of such programs in
10 increasing contraceptive knowledge and contra-
11 ceptive behaviors when sexual intercourse oc-
12 curs; and

13 (E) a list of best practices based upon es-
14 sential programmatic components of evaluated
15 programs that have led to success in subpara-
16 graphs (A) through (D).

17 (2) REPORT.—A report providing the results of
18 the national evaluation under paragraph (1) shall be
19 submitted to the Congress not later than March 31,
20 2011, with an interim report provided on a yearly
21 basis at the end of each fiscal year.

22 (c) INDIVIDUAL STATE EVALUATIONS.—

23 (1) IN GENERAL.—A condition for the receipt
24 of a grant under section 3 is that the State involved
25 agree to provide for the evaluation of the programs

1 of family education carried out with the grant in ac-
2 cordance with the following:

3 (A) The evaluation will be conducted by an
4 external, independent entity.

5 (B) The purposes of the evaluation will be
6 the determination of—

7 (i) the effectiveness of such programs
8 in helping to delay the initiation of sexual
9 intercourse and other high-risk behaviors;

10 (ii) the effectiveness of such programs
11 in preventing adolescent pregnancy;

12 (iii) the effectiveness of such pro-
13 grams in preventing sexually transmitted
14 disease, including HIV/AIDS; and

15 (iv) the effectiveness of such programs
16 in increasing contraceptive knowledge and
17 contraceptive behaviors when sexual inter-
18 course occurs.

19 (2) USE OF GRANT.—A condition for the re-
20 ceipt of a grant under section 3 is that the State in-
21 volved agree that not more than 10 percent of the
22 grant will be expended for the evaluation under
23 paragraph (1).

24 **SEC. 6. DEFINITIONS.**

25 For purposes of this Act:

1 (1) The term “eligible State” means a State
2 that submits to the Secretary an application for a
3 grant under section 3 that is in such form, is made
4 in such manner, and contains such agreements, as-
5 surances, and information as the Secretary deter-
6 mines to be necessary to carry out this Act.

7 (2) The term “HIV/AIDS” means the human
8 immunodeficiency virus, and includes acquired im-
9 mune deficiency syndrome.

10 (3) The term “medically accurate”, with respect
11 to information, means information that is supported
12 by research, recognized as accurate and objective by
13 leading medical, psychological, psychiatric, and pub-
14 lic health organizations and agencies, and where rel-
15 evant, published in peer review journals.

16 (4) The term “Secretary” means the Secretary
17 of Health and Human Services.

18 **SEC. 7. APPROPRIATIONS.**

19 (a) IN GENERAL.—For the purpose of carrying out
20 this Act, there are authorized to be appropriated such
21 sums as may be necessary for each of the fiscal years 2008
22 through 2012.

23 (b) ALLOCATIONS.—Of the amounts appropriated
24 under subsection (a) for a fiscal year—

1 (1) not more than 7 percent may be used for
2 the administrative expenses of the Secretary in car-
3 rying out this Act for that fiscal year; and

4 (2) not more than 10 percent may be used for
5 the national evaluation under section 5(b).

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